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From: Pamela Kozaruk Direct Tel. Line: 313.965.8517 Direct Fax Line: 313.965.8252

No. of Pages Including Cover Sheet: 13

Message:

Attached is the following:

Certificate of Transmittal by Facsimile
Amendment Transmittal Letter
Supplemental Amendment, 10pp

Thank you,

Kind regards,

Pamela M. Kozaruk

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. 25266-125053
Applicant(s): Turner		

Application No.

10/539,741

Filing Date

January 19, 2006

Examiner

Mai, Hai D.

Group Art Unit

3732

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Invention: DENTAL HANDPIECE

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I hereby certify that this

Supplemental Amendment

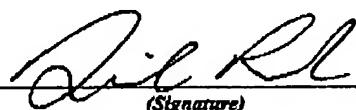
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 25266-125053	
Applicant(s): Turner						
Application No. <i>10/539,741</i>	Filing Date 1/19/2006	Examiner Mai, Hao D.	Customer No. 28886	Group Art Unit 3732	Confirmation No. 5881	
Invention: DENTAL HANDPIECE						
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Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15 -	34 =	0	x \$52.00	\$0.00	
INDEP. CLAIMS	4 -	11 =	0	x \$220.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1759</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <i>Signature</i>					Dated: <i>Sept. 29, 2009</i>	
David J. Ford, Reg. No. 62,462 Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226-3435 (313) 965-8575					I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <input style="width: 100px; height: 10px;" type="text"/> <i>(Date)</i>	
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